



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

FILED

(CFA-4)

Summary Sheet

2013 JAN 16 AM 10:00

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

PEGGY BEAVER
CLERK
HAMILTON COUNTY COU

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <u>Friends of Faulkless</u>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address <u>15104 Gerst Ridge Drive</u>	
5. City, State, ZIP Code <u>Fishers IN 46040</u>	6. Party Affiliation (if applicable) <u>Republican</u>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <u>Scott A. Faulkless</u>	8. Party Affiliation or if Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>Fishers Town Council District 7</u>	10. County of Residence <u>Hamilton</u>

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period: From: <u>1/1/12</u> Through: <u>12/31/12</u>		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		<u>8,348.13</u>	
14. Cash on hand and investments January 1, current year.			<u>8,348.13</u>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)		
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>\$8,348.13</u>	<u>\$8,348.13</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>\$3,172.64</u>	<u>\$3,172.64</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns	<u>\$3,172.64</u>	<u>\$3,172.64</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>\$5,175.49</u>	<u>\$5,175.49</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

CERTIFICATION

I, PEGGY BEAVER, CLERK, CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Title

Date

1/14/13

Date

1/14/13

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly

FOR OFFICE USE ONLY

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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Friends of Dick Lugar	U.S. Senate	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$1,0000		2/24/12
Code <u>A</u> Sam's Club 96th Street Indianapolis, IN	Consumer Goods Grocery	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Parade Supplies</u> Purpose:	\$672.64		6/24/12
Code <u>C</u> Schneider for State Senate	Ind. State Senate	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00		7/10/12
Code <u>A</u> Prevail Inc 1100 South 9th St. Suite 100 Noblesville 46060	Victim Assistance	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$1,250.00		8/25/12
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3,172.64		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$3,172.64		